

**EMPLOYMENT DISCRIMINATION
AND/OR HARASSMENT
COMPLAINT FORM**



Name	
Home Phone Number: () -	Home Address:
Work Phone Number: () -	City, State & Zip

If you are a current City employee:	
Supervisor's Name:	Department & Division: /

Reason(s) for Unlawful Treatment:				
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Other
<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Color	<input type="checkbox"/> Retaliation	

Briefly describe the nature of your complaint. Please explain why you believe discrimination and/or harassment has affected your employment with the City of Tempe. Where possible, specify the date(s) of the incident(s) and name(s) involved. If additional space is needed, please attach additional pages.

*Please return the completed/signed Employment Discrimination / Harassment Complaint form to
Human Resources c/o: Valerie F. Hernandez, Human Resources Manager*

The City of Tempe will not tolerate employment discrimination or harassment based upon an employee's or applicant's race, color, religion, disability, gender, age, sexual orientation, gender

identity, national origin or any other status protected by law (City of Tempe Personnel Rules and Regulations, Rule 4, Section 408.B.3).

An employee or applicant asserting a good faith employment discrimination or harassment complaint and/or participating in an investigation of such complaint will be protected from retaliation or discipline. Any employee found guilty of retaliation will be disciplined, up to and including termination.

In accordance with City of Tempe Personnel Rules and Regulations, Rule 4, Section 406.B.31., an employee is subject to discipline up to and including termination, if the employee deliberately and knowingly made false accusations against another employee, elected official, or Board and Commission member in order to discredit another employee, elected official, or Board and Commission member.

Signature:_____ **Date:**_____